

# CONTRACTOR'S BUSINESS LICENSE

## APPLICATION and LICENSE

Village of Indian Head Park  
201 Acacia drive  
Indian Head Park, IL. 60525  
Telephone (708) 246-3080  
Fax (708) 246-7094  
[www.indianheadpark-il.gov](http://www.indianheadpark-il.gov)

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Certificate of Insurance required (please attach)

(Please print)

<b>Name of Business:</b>	
Address:	Town:
State:	Zip Code:
Telephone:	E-Mail Address:
Signature of Applicant:	
Method of Payment Check _____ Cash _____	

### *Annual Contractor's Licensing Fee Schedule:*

*General Contractor:      \$75.00                      All Other Contractors:      \$50.00*

*For Office Use Only:*

<b>Fee\$</b>	<b>Date Paid:</b>
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<b>License Valid:</b> ____/____/____ <b>to</b> ____/____/____
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